


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90024 040 ****61.25

DOCUMENT # N97000002098 1. Entity Name TALL PINES - GOLF VIEW MAINTENANCE ASSOCIATION OF TIMBER PINES, INC.	
-------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 6872 TIMBER PINES BLVD SPRING HILL, FL 34606	Mailing Address 6872 TIMBER PINES BLVD SPRING HILL, FL 34606
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

40057611



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3467918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DROOGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEHRHEIM, ALBERT 8144 SUGARBUSH DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMASTER, BARBARA 8272 SUGARBUSH DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOE, RICHARD 8320 SUGARBUSH DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u><i>Albert Wehrheim</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><i>3/15/07</i></u> <u><i>352-446-2335</i></u> <small>Date Daytime Phone #</small>